



KEWEENAW BAY INDIAN COMMUNITY

COMMUNITY ASSISTANCE PROGRAMS (C.A.P.)

Janice M. Halverson, *CAP Administrator*

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Community Needs Assistance Program (CNAP)

NON-MEDICAL ASSISTANCE-Tribal Funds

Homeless [Stability] Assistance-Request Sheet

Date of Request: _____

Name of Head of Household: _____

Name of Requestor: _____

Type of Request: _____

Amount of Request: _____

Type of Request: _____

Amount of Request: _____

Name of Landlord: _____

Landlord's Mailing Address: _____

Landlord's Telephone Number: _____

Tenant's New Address: _____

CHECK LIST:

☐ Completed CAP Application and Its Required Documentation

☐ Landlord's Statement of Rental Amount Due along with Verification of Address

☐ Denial from an Outside Agency

For Office Use Only

☐ **APPROVED**

Name of Landlord: _____ Amount: \$ _____

☐ **DENIED**

Reason: _____

You have a right to file an appeal for an denial/adverse decision. The Appeal forms can be obtained in the CAP office.

Signature by:

Janice M. Halverson, *CAP Administrator*

Date

-or-

Representative Name, Title